

GRANT AWARD APPROVAL FORM

Direct questions regarding this form to 373-1806.

1. SOURCE OF GRANT FUNDS RECEIVED

Grant Criteria Approval (select type and add date)
SBE Approval Date: 12/17/2013

Official Name Of Grant Program:

2013--2014 Application for School Bus Driver Safety Education Program
(year) (year) (title)

Grant Type: ☐ Initial ☒ Amendment ☐ Continuation Multiple Years: Year _____ of _____

Legislation Authorizing This Grant Program: Public Act 196 of 2014

☐ Federal Grant: CFDA Number _____ ☒ State Aid Grant: Section Number 74 ☐ Other (specify) _____

2. SBE Priorities, Policies, and Programs that this Grant Supports:

This grant supports the State Board of Education's mission of having all students graduate ready for careers, college, and community by providing pupil transportation support services that get students to and from school safely. An amount of \$1,625,000 is appropriated in Sec. 74 of the State School Aid Act for the purpose of providing school bus driver safety education programs in accordance with the requirements of Sec. 51 of the Pupil Transportation Act (MCL 257.1851).

MDE DISTRIBUTION OF GRANT FUNDS

3. Background/Purpose of Grant Program:

This grant will provide safety education training for approximately 20,000 school bus drivers and persons in charge of school bus operations. Fourteen intermediate school districts and one university submitted applications for this program.

Type of Distribution: (check one)

- ☐ Competitive
☒ Formula
☐ Other: (specify below)

4. Target Population to be Served by Grant:

School bus drivers and persons in charge of school bus operations in intermediate school districts, local school districts, public school academies, nonpublic schools, and contracted carriers

Type of Award: (check all applicable)

- ☐ Initial (Exhibit A)
☒ Revised (Exhibit A)
☐ Conditional (Exhibit A)
☐ Denial (Exhibit B)

5. Eligible Applicants:

Intermediate school districts and state supported colleges and universities.

Type of Notification: (check one)

- ☒ Letter
☐ Mail-merge Letter
☐ MEGS+
☐ Other: (specify below)

6. Award Information:

| | | | |
|---|------------------------------------|----------------------------------|----------------------------------|
| Original Award Date: <u>10-1-13</u> | Amendment Date(s): <u>10-28-14</u> | Amendment Amount(s): \$ <u>0</u> | Total Recommended Award to Date: |
| Original Award Amount: <u>\$1,625,000</u> | | \$ _____ | |
| | | \$ _____ | <u>\$1,625,000</u> |
| | | \$ _____ | |

7. Responsible Program Office:

| | | | |
|-----------------------------------|--------------------------------------|---------------------|---------------------|
| <u>Office Name</u> | <u>Unit Name</u> | <u>Contact Name</u> | <u>Phone Number</u> |
| Office of School Support Services | Grants Coordination & School Support | Shulawn Doxie | 50543 |

This Form Was Prepared by: Ken Micklash

Phone Number: 36388

8. OFFICE

Office Director Approval Signature: _____

Phone: _____

Comments: _____

Date: 10/8/14☒ Exhibit B Not Required because: **Formula grant****9. GRANTS OFFICE**

Grants Office Approval Signature: _____

Comments: _____

Date: 10/14/14**10. DEPUTY SUPERINTENDENT**

Deputy Superintendent Approval Signature: _____

Comments: _____

Date: 10-16-14**11. SUPERINTENDENT**

Superintendent Approval Signature: _____

Comments: _____

Date: 10-16-14**INSTRUCTIONS**

- A. Complete items 1-8 on this form. The Grants Coordination and School Support Unit in the Office of School Support Services will facilitate completion of items 9-11. Follow instructions in the checklist instructions for producing all parts of the Grant Award Approval request packet.
- B. Attach **two** (2) sets of Exhibits A and B (one original and 1 copy). Do not staple the pink form nor the originals of Exhibits A and B. Exhibit A is a list of applicants or agencies recommended for funding, and Exhibit B is a list of those Not recommended for funding.
- C. If notifying by letter, attach grant award letters for the Superintendent's signature, a Grant Award Notification form (yellow sheet) for each award, and any non-award letters prepared for the Program Area Director's signature. Provide these in the same order as in Exhibit A and/or B. If using MEGS+ to general grant award notifications, then no letters need be attached to the packet because they will be generated in MEGS+.
- D. Submit this Grant Award Approval form on pink paper, with all attachments, to the **Grants Coordination and School Support Unit**.

Note: The approval process takes, on average, one week to review and then receive all approvals after the packet is delivered to the Grants Unit. The time varies depending upon the number of corrections and revisions that are necessary and the availability of the signers. Reviews and approvals can take longer, up to two weeks, particularly around holiday times when signers may be out of the office.

**Michigan Department of Education
Office School Support Services
2013-2014 School Bus Driver Safety Education Program**

Exhibit A

Applicants Recommended for Funding

| Applicant | Previous Award | Amended Amount | Total Recommended Award |
|------------------------------|-----------------------|-----------------------|--------------------------------|
| Charlevoix-Emmet ISD | 65,230 | 45,623 | 110,853 |
| Eastern Upper Peninsula ISD | 36,840 | (8,656) | 28,184 |
| Genesee ISD | 136,881 | (39,179) | 97,702 |
| Iosco RESA | 82,804 | 13,771 | 96,575 |
| Jackson ISD | 62,864 | 8,910 | 71,774 |
| Kalamazoo RESA | 215,292 | 7,920 | 223,212 |
| Kent ISD | 146,683 | 5,131 | 151,814 |
| Macomb ISD | 116,941 | 10,448 | 127,389 |
| Oakland Schools | 152,428 | 32,830 | 185,258 |
| Ottawa ISD | 98,014 | (10,082) | 87,932 |
| Saginaw ISD | 49,007 | (2,035) | 46,972 |
| St. Clair RESA | 73,003 | (43,692) | 29,311 |
| Washtenaw ISD | 91,254 | (2,946) | 88,308 |
| Wayne RESA | 237,261 | (6,772) | 230,489 |
| Northern Michigan University | 60,498 | (11,271) | 49,227 |
| Total Amended Amount | \$1,625,000 | \$0 | \$1,625,000 |